

(Write your name and address below)

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Write Your Social Security Number

Office Use Only

## STATE-EXTENDED-BENEFITS ELIGIBILITY REVIEW AND JOB-CONTACT DOCUMENTATION

To be eligible for state extended benefits (SEB), you must report every other week to your local workforce center (WFC) for an eligibility review. Complete **both sides** of this form and take it with you for your in-person eligibility review at your local WFC. **Your signature is required on page 2.** This completed form must be sent to Unemployment Insurance (UI) Operations within one week after making your request for payment on Colorado Unemployment Benefits Line (CUBLine) Online or CUBLine. If the completed form is not received, SEB may be denied.

**Colorado Residents**—If you are a resident of Colorado, your local WFC notifies you of the scheduled date and time of your appointment. Upon completion of your eligibility review, the WFC representative returns this completed form to UI Operations. The WFC representative gives you a new form to complete and the appointment date and time for your next eligibility review.

**Non-Colorado Residents**—If you do not reside in Colorado, you must contact a local WFC in the state where you live to set up the required eligibility reviews. Upon completion of your eligibility review, you must mail or fax the completed form to the above address or fax number. For additional blank forms, go to [www.coworkforce.com](http://www.coworkforce.com), click on **Unemployment Information**, and then click on **Forms** under “Workers.”

In addition to completing eligibility reviews at your local WFC, you must meet the following work-search requirements.

- Be registered with your local WFC even if you are job-attached or union-attached.
- Be willing to accept any work you are physically or mentally able to do that pays more than your weekly benefit amount (unless the rate of pay is less than the current minimum wage).
- Look for work on at least two different days of the week.
- Keep a written record of your job contacts.
  - All contacts must be made with a person who has hiring authority, and written applications must be filed where accepted.
  - Required contacts must be made within the week for which benefits are being claimed and on the days of the week when hiring is normally done.
  - The same employer may not be used as a required contact in any two consecutive weeks unless requested by the employer.
  - Contacts made for self-employment opportunities do not meet your work-search requirements.

Answer all questions before reporting for your eligibility review.

1. Have you gone back to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there any reason you cannot look for full-time work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Can you begin full-time work immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did you refuse any job referral or job offer or did you separate from any employment during either week you requested payment through CUBLine Online or CUBLine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did you make the required number of job contacts during each week you requested payment through CUBLine Online or CUBLine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Did you look for work on at least two different days during each week you requested payment through CUBLine Online or CUBLine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete this information for the same weeks for which you requested payment of SEB through CUBLine Online or CUBLine. You must sign the form at the bottom of this page.

Write Your Name	Write Your Social Security Number
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Week Ending Date \_\_\_\_\_

Date of Contact	Business Name and Physical Address	Name/Title of Person Contacted and Telephone Number	How Contact Was Made (résumé, in-person, application, Internet, etc.)	Type of Work	Results (hired, waiting, etc.)

Week Ending Date \_\_\_\_\_

Date of Contact	Business Name and Physical Address	Name/Title of Person Contacted and Telephone Number	How Contact Was Made (résumé, in-person, application, Internet, etc.)	Type of Work	Results (hired, waiting, etc.)

I certify that this information is true and complete to the best of my knowledge. I understand that I must continue to request payment of SEB through CUBLine Online or CUBLine.

Claimant Signature	Date
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This section is to be completed by the WFC representative only. Provide comments, if any, regarding the eligibility review conducted for the above-referenced individual.

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Name of WFC Representative	Signature of WFC Representative	Date
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